

Case Number:	CM15-0115128		
Date Assigned:	06/23/2015	Date of Injury:	05/28/2014
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old woman sustained an industrial injury on 5/28/2014. The mechanism of injury is not detailed. Diagnoses include depression with anxiety and possible post-traumatic stress disorder. Treatment has included oral medications. Physician notes on a PR-2 dated 12/4/2014 show complaints of anxiety, sadness, feeling of being tired and pressured, and nightmares. Recommendations include Promethazine VC/cough syrup, Biaxin, continue Paxil and Trazadone, restart Xanax if needed for anxiety, continue counseling, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax 0.5mg quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient was prescribed Xanax in the past and there is no justification to continue the medication. There is no recent documentation of insomnia related to pain in this case. Therefore the use of Xanax 0.5mg #15 is not medically necessary.

Trazodone 50mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia", *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

Decision rationale: Trazodone is used for short term use for insomnia. The patient records did not document insomnia or sleep issues and the long term use of Trazodone is not recommended. Therefore, the request for 30 Trazodone 50mg is not medically necessary.